

# PAPERWORK REDUCTION ACT SUBMISSION

RSPA-1997-3001-12

Please read the instructions before completing the form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

<p>1. Agency/Subagency originating request <b>DOT/RSPA</b></p>	<p>2. OMB Control Number <span style="float: right;">b. <input type="checkbox"/> None</span> a. _____</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b-f, note Item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: <u>    /    /    </u></p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date <span style="float: right;">b. <input type="checkbox"/> Other Specify: _____</span></p>
<p>7. Title <b>Pipeline Safety: Periodic Underwater Inspection</b></p>	
<p>8. Agency form number(s) (<i>if applicable</i>) <b>N/A</b></p>	
<p>9. Keywords <b>Pipeline Safety Vessels, Accidents</b></p>	
<p>10. Abstract Certain buried underwater pipelines pose a threat to marine vessels. Operators need to inspect and maintain their submerged underwater pipeline that pose a hazard to navigation.</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households <span style="margin-left: 100px;">d. <input type="checkbox"/> Farms</span></p> <p>b. <input type="checkbox"/> Business or other-for-profit <span style="margin-left: 100px;">e. <input type="checkbox"/> Federal Government</span></p> <p>c. <input type="checkbox"/> Not-for-profit institutions <span style="margin-left: 100px;">f. <input type="checkbox"/> State, Local, or Tribal Government</span></p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input checked="" type="checkbox"/> Mandatory</p>
<p>13. Annual Recordkeeping and reporting burden</p> <p>a. Number of respondents <span style="float: right;"><u>125</u></span></p> <p>b. Total annual responses <span style="float: right;"><u>125</u></span></p> <p>    1. Percentage of these responses collected electronically <span style="float: right;"><u>    </u> %</span></p> <p>c. Total annual hours requested <span style="float: right;"><u>62500</u></span></p> <p>d. Current OMB inventory <span style="float: right;"><u>0</u></span></p> <p>e. Difference (+/-) <span style="float: right;"><u>62500</u></span></p> <p>f. Explanation of difference</p> <p>    1. Program change (+/-) <span style="float: right;"><u>62500</u></span></p> <p>    2. Adjustment (+/-) <span style="float: right;"><u>    </u></span></p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital startup costs <span style="float: right;"><u>0</u></span></p> <p>b. Total annual cost (O&amp;M) <span style="float: right;"><u>    </u></span></p> <p>c. Total annualized cost requested <span style="float: right;"><u>    </u></span></p> <p>d. Current OMB inventory <span style="float: right;"><u>    </u></span></p> <p>e. Difference <span style="float: right;"><u>    </u></span></p> <p>f. Explanation of difference</p> <p>    1. Program change <span style="float: right;"><u>    </u></span></p> <p>    2. Adjustment <span style="float: right;"><u>    </u></span></p>
<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application of benefits <span style="margin-left: 100px;">e. <input type="checkbox"/> Program planning or management</span></p> <p>b. <input type="checkbox"/> Program evaluation <span style="margin-left: 100px;">f. <input type="checkbox"/> Research</span></p> <p>c. <input type="checkbox"/> General purpose statistics <span style="margin-left: 100px;">g. <input checked="" type="checkbox"/> Regulatory compliance</span></p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping</p> <p>b. <input type="checkbox"/> Third party disclosures</p> <p>c. <input type="checkbox"/> Reporting</p> <p>    1. <input type="checkbox"/> On occasion <span style="margin-left: 50px;">2. <input type="checkbox"/> Weekly</span> <span style="margin-left: 50px;">3. <input type="checkbox"/> Monthly</span></p> <p>    4. <input type="checkbox"/> Quarterly <span style="margin-left: 50px;">5. <input type="checkbox"/> Semi-annually</span> <span style="margin-left: 50px;">6. <input type="checkbox"/> Annually</span></p> <p>    7. <input type="checkbox"/> Biennially <span style="margin-left: 50px;">8. <input type="checkbox"/> Other (describe) <u>    </u></span></p>
<p>17. Statistical methods Does this information collection employ statistical methods? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>) Name: <u>Marvin Fell</u> Phone: <u>2023666205</u></p>

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## 19. Certification for Paperwork Reduction Act Submissions

2

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b) (3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory;
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number:
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
  - (i) It uses effective and efficient statistical survey methodology; and
  - (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or Designee

Date